



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
FIRST FLOOR, CORDELL HULL BLDG
425 FIFTH AVENUE, NORTH
NASHVILLE TN 37247-0701

701)

Notification of Changes – Ambulance Fleets

Attention: AMBULANCE SERVICE LICENSURE

This is to verify that _____
(Service Name)
Ambulance service license number _____ requests these changes in its
operating fleet in _____ County.

ADD VEHICLE

Service is adding Unit # _____,
(Year, Make, Model, Type)
Vehicle Identification Number _____
License Tag No. _____

**SUBMIT VEHICLE MECHANICAL INSPECTION
AND FEE PAYMENT OF \$100.00 PER VEHICLE**

DROP VEHICLE PERMIT

Service is removing Unit # _____,
(Year, Make, Model, Type)
Vehicle Identification Number _____
License Tag No. _____ Permit No. _____
Effective Date _____

Service Director _____
Date _____
Contact Phone Number _____